

# KANSAS MEDICAID STATE PLAN

Attachment 4.19-D

Part I

Subpart C

Exhibit C-2

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## OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/99

Number of Beds	Total Bed Days	Maximum Owner/Admin Compensation	Limit PPD	F/Y	Amount	Cost of Living State Emp.
15	5,490	\$19,250	\$3.51	76	10,000	—
16	5,856	20,195	3.45	77	10280	2.800%
17	6,222	21,140	3.40	78	10537	2.500%
18	6,588	22,085	3.35	79	11301	7.250%
19	6,954	23,030	3.31	80	11781	4.250%
20	7,320	23,975	3.28	81	12617	7.100%
21	7,686	24,920	3.24	82	13248	5.000%
22	8,052	25,866	3.21	83	14109	6.500%
23	8,418	26,811	3.18	84	14426	2.250%
24	8,784	27,756	3.16	85	15147	5.000%
25	9,150	28,701	3.14	86	15933	5.190%
26	9,516	29,646	3.12	87	16411	3.000%
27	9,882	30,591	3.10	88	16575	1.000%
28	10,248	31,536	3.08	89	17238	4.000%
29	10,614	32,482	3.06	90	17755	3.000%
30	10,980	33,427	3.04	91	18021	1.500%
31	11,346	34,372	3.03	92	18021	0.000%
32	11,712	35,317	3.02	93	18111	0.500%
33	12,078	36,262	3.00	94	18202	0.500%
34	12,444	37,207	2.99	95	18407	1.125%
35	12,810	38,152	2.98	96	18591	1.000%
36	13,176	39,098	2.97	97	18591	0.000%
37	13,542	40,043	2.96	98	18777	1.000%
38	13,908	40,988	2.95	99	19059	1.500%
39	14,274	41,933	2.94	00	19250	1.000%
40	14,640	42,878	2.93			
41	15,006	43,823	2.92			
42	15,372	44,768	2.91			
43	15,738	45,714	2.90			
44	16,104	46,659	2.90			
45	16,470	47,604	2.89			
46	16,836	48,549	2.88			
47	17,202	49,494	2.88			
48	17,568	50,439	2.87			
49	17,934	51,384	2.87			
50	18,300	52,330	2.86			

90th Percentile PPD  
Administrator & Co-  
Administrator Salary.

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## REAL AND PERSONAL PROPERTY FEE VALUE FACTOR RANGES

### SKILLED NURSING FACILITIES (MEDICARE)

GROUP	PERCENTILE		AMOUNT		AVERAGE ALLOW	PERCENT	VALUE FACTOR
	FROM	TO	FROM	TO			
5	86	100	\$5.84	\$6.81	\$6.38	0.0	\$0.00
4	76	85	5.14	5.83	5.54	5.0	0.28
3	51	75	3.79	5.13	4.52	7.5	0.34
2	26	50	2.03	3.78	2.84	15.0	0.43
1	0	25	0.72	2.02	1.40	45.0	0.63

### NURSING FACILITIES (NON-MEDICARE)

5	86	100	4.55	6.04	4.96	0.0	0.00
4	76	85	4.11	4.54	4.32	5.0	0.22
3	51	75	2.82	4.10	3.49	7.5	0.26
2	26	50	1.60	2.81	2.13	15.0	0.32
1	0	25	0.00	1.59	1.08	45.0	0.49

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## CASE MIX INDEX TABLE EFFECTIVE 07/01/99

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RUG-III GROUP	CODE	CMI
<b>SPECIAL REHABILITATION</b>		
REHAB VERY HI 14-18	RVC	3.83
REHAB VERY HI 8-13	RVB	3.14
REHAB VERY HI 4-7	RVA	3.00
REHAB HI 15-18	RHD	3.16
REHAB HI 12-14	RHC	2.58
REHAB HI 8-11	RHB	2.56
REHAB HI 4-7	RHA	2.36
REHAB MED 16-18	RMC	2.33
REHAB MED 8-15	RMB	1.92
REHAB MED 4-7	RMA	1.83
REHAB LO 12-18	RLB	1.45
REHAB LO 4-11	RLA	1.31
<b>EXTENSIVE SERVICES</b>		
EXTENSIVE 3	SE3	3.81
EXTENSIVE 2	SE2	2.22
EXTENSIVE 1	SE1	1.50
<b>SPECIAL CARE</b>		
SPECIAL CARE 17-18	SSC	1.35
SPECIAL CARE 14-16	SSB	1.21
SPECIAL CARE 7-13	SSA	1.14
<b>CLINICALLY COMPLEX</b>		
COMPLEX 17-18 D	CD2	1.18
COMPLEX 17-18	CD1	1.13
COMPLEX 11-16 D	CC2	1.06
COMPLEX 11-16	CC1	0.99
COMPLEX 6-10 D	CB2	1.01
COMPLEX 6-10	CB1	0.90
COMPLEX 4-5 D	CA2	0.88
COMPLEX 4-5	CA1	0.73

RUG-III GROUP	CODE	CMI
<b>IMPAIRED COGNITION</b>		
IMPAIRED 6-10 N	IB2	0.87
IMPAIRED 6-10	IB1	0.79
IMPAIRED 4-5 N	IA2	0.70
IMPAIRED 4-5	IA1	0.60
<b>BEHAVIOR PROBLEMS</b>		
BEHAVIOR 6-10 N	BB2	0.89
BEHAVIOR 6-10	BB1	0.78
BEHAVIOR 4-5 N	BA2	0.62
BEHAVIOR 4-5	BA1	0.55
<b>REDUCED PHYSICAL FUNCTIONS</b>		
PHYSICAL 16-18 N	PE2	0.96
PHYSICAL 16-18	PE1	0.92
PHYSICAL 11-15N	PD2	0.91
PHYSICAL 11-15	PD1	0.86
PHYSICAL 9-10 N	PC2	0.81
PHYSICAL 9-10	PC1	0.81
PHYSICAL 6-8 N	PB2	0.72
PHYSICAL 6-8	PB1	0.64
PHYSICAL 4-5 N	PA2	0.64
PHYSICAL 4-5	PA1	0.52

DEC 01 1999

TN# MS-99-13 Approval Date 7/1/99 Effective Date 7/1/99 Supersedes TN# MS-98-08

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## OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/92 - 06/30/93

<u>Number of Beds</u>	<u>Total Bed Days</u>	<u>Maximum Own/Admin Compensation</u>	<u>Limit PPD</u>	<u>F/Y</u>	<u>Amount</u>	<u>Cost of Living State Emp.</u>
15	5,475	\$ 18,111	\$ 3.31	76	10,000	---
16	5,840	18,641	3.19	77	10,280	2.8 %
17	6,205	19,171	3.09	78	10,537	2.5 %
18	6,570	19,701	3.00	79	11,301	7.25%
19	6,935	20,231	2.92	80	11,781	4.25%
20	7,300	20,761	2.84	81	12,617	7.1 %
21	7,665	21,291	2.78	82	13,248	5.0 %
22	8,030	21,822	2.72	83	14,109	6.5 %
23	8,395	22,352	2.66	84	14,426	2.25%
24	8,760	22,882	2.61	85	15,147	5.0 %
25	9,125	23,412	2.57	86	15,933	5.19%
26	9,490	23,942	2.52	87	16,411	3.0 %
27	9,855	24,472	2.48	88	16,575	1.0 %
28	10,220	25,002	2.45	89	17,238	4.0 %
29	10,585	25,533	2.41	90	17,755	3.0 %
30	10,950	26,063	2.38	91	18,021	1.5 %
31	11,315	26,593	2.35	92	18,021	0.0 %
32	11,680	27,123	2.32	93	18,111	0.5 %
33	12,045	27,653	2.30			
34	12,410	28,183	2.27			
35	12,775	28,713	2.25			
36	13,140	29,244	2.23			
37	13,505	29,774	2.20			
38	13,870	30,304	2.18			
39	14,235	30,834	2.17			
40	14,600	31,364	2.15			
41	14,965	31,894	2.13			
42	15,330	32,424	2.12			
43	15,695	32,955	2.10			
44	16,060	33,485	2.08			
45	16,425	34,015	2.07			
46	16,790	34,545	2.06			
47	17,155	35,075	2.04			
48	17,520	35,605	2.03			
49	17,885	36,135	2.02			
50	18,250	36,666	2.01			

90th Percentile PPD  
Administrator & Co-  
Administrator Salary.

Substitute per letter dated 3/23/94

**KANSAS MEDICAID STATE PLAN**

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**REAL AND PERSONAL PROPERTY FEE**

**VALUE FACTOR RANGES**

**SKILLED NURSING FACILITIES (MEDICARE)**

GROUP	PERCENTILE FROM	TO	AMOUNT FROM	TO	AVERAGE ALLOW.	PERCENT	VALUE FACTOR
5	86	100	\$ 5.84	\$ 6.81	\$ 6.38	-0-	\$ -0-
4	76	85	5.14	5.83	5.54	5.0	.28
3	51	75	3.79	5.13	4.52	7.5	.34
2	26	50	2.03	3.78	2.84	15.0	.43
1	0	25	.72	2.02	1.40	45.0	.63

**NURSING FACILITIES (NON-MEDICARE)**

5	86	100	4.55	6.04	4.96	-0-	-0-
4	76	85	4.11	4.54	4.32	5.0	.22
3	51	75	2.82	4.10	3.49	7.5	.26
2	26	50	1.60	2.81	2.13	15.0	.32
1	0	25	.00	1.59	1.08	45.0	.49

TN#MS 92-32 Approval Date APR 21 1994 Effective Date OCT 01 1992 Supersedes TN# MS 91-42

State Plan MS # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes MS # \_\_\_\_\_ Approval Date \_\_\_\_\_

# KANSAS MEDICAID STATE PLAN

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## COMPILATION OF COST CENTER LIMITATIONS EFFECTIVE 07/01/99

	***BEFORE INFLATION***					***AFTER INFLATION***				
	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL
MEDIAN	10.62	5.78	16.19	46.57	79.87	11.04	6.04	16.91	48.81	83.52
MEAN	11.36	6.18	16.55	46.55	80.64	11.80	6.46	17.34	48.76	84.35
WTMN	11.32	6.08	16.45	47.02	80.86	11.75	6.34	17.23	49.24	84.55
# OF PROV	370					370				

DEC 01 1999

TN# MS-99-13 Approval Date        Effective Date 7/1/99 Supersedes TN# MS-98-08

## KANSAS MEDICAID STATE PLAN

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COMPILATION OF ADMINISTRATOR, CO-ADMINISTRATOR AND OWNER EXPENSE - O/A LIMIT  
 EFFEC. 7/1/99

	ADMINISTRATOR TOTAL	PRD	CO-ADMINISTRATOR TOTAL	PRD	TOTAL ADMN & CO-ADMN TOTAL	PRD	OWNER TOTAL	PRD
HIGH	164,758	5.71	48,886	2.20	164,758	5.71	255,854	6.78
99th	82,833	4.47	48,886	2.20	93,967	4.71	205,283	6.41
95th	71,637	3.28	48,886	2.20	73,468	3.31	100,162	5.23
90th	59,198	2.81	42,600	1.54	62,479	2.86	83,754	3.68
85th	54,318	2.67	38,715	1.24	55,296	2.69	72,572	3.08
80th	52,183	2.52	30,373	1.19	53,138	2.54	55,649	2.50
75th	49,918	2.43	30,373	1.19	51,114	2.43	51,798	2.23
70th	47,967	2.35	30,009	1.02	48,139	2.36	44,399	2.18
65th	46,347	2.25	28,627	0.94	46,611	2.26	38,358	1.99
60th	44,540	2.14	24,201	0.92	44,843	2.16	33,837	1.53
55th	43,040	2.02	24,201	0.92	43,303	2.02	25,018	1.40
50th	42,039	1.92	22,486	0.58	42,061	1.93	18,548	1.10
40th	39,499	1.75	12,798	0.27	39,880	1.76	10,585	0.53
30th	36,250	1.58	3,120	0.17	36,583	1.59	4,247	0.27
20th	31,336	1.42	1,785	0.06	31,253	1.42	884	0.02
10th	21,617	1.14	1,265	0.05	21,475	1.17	54	0.00
1st	7,489	0.54	567	0.02	7,102	0.53	28	0.00
LOW	4,425	0.27	567	0.02	2,331	0.14	-26,855	-4.81
MEAN	42,311	2.00	20,435	0.72	42,948	2.02	32,957	1.46
WTMN	46,522	1.85	22,406	0.68	47,546	1.88	37,706	1.40
# of Prov	346		15		348		118	

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 TN# MS-99-13 Approval Date \_\_\_\_\_ Effective Date 7/1/99 Supersedes TN# MS-98-08

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## COMPILATION OF LINE ITEM INPUTS TO INCENTIVE FACTOR EFFECT. 7/1/99

	INCENTIVE AMOUNT
HIGH	58.49
99th	50.78
95th	25.59
90th	22.83
85th	21.75
80th	20.38
75th	19.35
70th	18.74
65th	18.38
60th	17.93
55th	17.45
50th	16.86
40th	15.73
30th	14.56
20th	13.09
10th	11.43
1st	8.46
LOW	7.38
MEAN	17.42
WTMN	17.18
# of Prov	370

DEC 01 1999



# STATE OF KANSAS



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## KANSAS DEPARTMENT ON AGING

NEW ENGLAND BUILDING  
503 S. KANSAS AVE.  
TOPEKA, KS. 66603-3404

PHONE (785) 296-4986

FAX (785) 296-0256

BILL GRAVES

June 23, 1999

Thelma Hunter Gordon

Governor

Secretary of Aging

«admin», Administrator  
«facility\_name»  
«fac\_address»  
«City», KS «zip»

Provider #: 104«prov\_num»01

Dear «admin»:

We forwarded the per diem rate shown on the enclosed Case Mix Payment Schedule for the 1st Quarter FY 2000 (computer print-out) to our fiscal agent, Blue Cross/Blue Shield of Kansas. The rate is effective July 1, 1999. The payment schedule and rate reflect the cost center limitations, including the case mix adjustment in the Health Care cost center, inflation factors, owner/related party/administrator compensation per diem limitations, and incentive ranges.

Kansas Department on Aging (KDOA), administers the Medicaid nursing facility services payment program on behalf of SRS. The rate was calculated by applying the appropriate Medicaid program policies and regulations to the cost report (Form MS 2004) data shown on the enclosed payment schedule. Desk review adjustments to the cost report are shown on the enclosed Provider Adjustment Sheet, except transfers from one line to another, which are shown in the "Reason for SRS Adjustments" column of the schedule. (All related transfers in this column have the same key number.) IF YOU HAVE QUESTIONS ABOUT DESK REVIEW ADJUSTMENTS, CALL THE NURSING FACILITY AUDIT MANAGER IN KDOA AUDIT SERVICES AT (785) 296-2535.

For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the Kansas medical assistance program. If the private pay rate indicated on the agency register is lower, the Medicaid rate, beginning with its effective date, shall be lowered to the private pay rate reflected on the registry. The effective date of the private pay rate in the registry shall be the later of the effective date of the private pay rate or the first day of the following month in which complete documentation of the private pay rate is received by the agency. SEE KANSAS ADMINISTRATIVE REGULATION (KAR) 30-10-18(b).

If you disagree with the rate in the attached payment schedule, you have the right to request a fair hearing appeal in accordance with K.A.R. 30-7-64 et seq. Your written request for such an appeal should be delivered to or otherwise mailed so that it is received by the Department of Administration, Office of Administrative Hearings, 2nd Floor, 610 West Tenth, Topeka, Kansas 66612 within 30 days from the date of this letter. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if this notice letter is mailed rather than hand delivered.) Failure to timely request or pursue such an appeal may adversely affect your rights on any related judicial review proceeding.

If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to me or call at (785) 296-0703.

Sincerely,

Bill McDaniel, Director  
Long Term Care Rate Setting and Fiscal Analysis  
Administrative Services Commission

BRM:ckc

Enclosures

TN# MS-99-13 Approval Date

DEC 01 1999

Effective Date 7/1/99

Supersedes TN# MS-98-08

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

June 23, 1999

«admin», Administrator  
«facility\_name»  
«fac\_address»  
«City», KS «zip»

Provider #: 154«prov\_num»01

Dear «admin»:

We forwarded the per diem rate shown on the enclosed Case Mix Payment Schedule for the 1st Quarter FY 2000 (computer print-out) to our fiscal agent, Blue Cross/Blue Shield of Kansas. The rate is effective July 1, 1999. The payment schedule and rate reflect the cost center limitations, including the case mix adjustment in the Health Care cost center, inflation factors, owner/related party/administrator compensation per diem limitations, and incentive ranges.

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If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to me or call at (785) 296-3471.

Sincerely,

Elaine Schwartz, Administrator  
Community Residential Services  
SAMHDD Commission

Enclosures

DEC 01 1999  
TN# MS-99-13 Approval Date 7/1/99 Effective Date 7/1/99 Supersedes TN# MS-98-08